



General Training Evaluation

- 1. Were the objectives of the training clearly stated?**
 - A. Definitely Yes
 - B. Probably Yes
 - C. Probably No
 - D. Definitely No
- 2. Did this training meet your expectations?**
 - A. Definitely Yes
 - B. Probably Yes
 - C. Probably No
 - D. Definitely No
- 3. Do you plan to USE skills or information you gained from this training?**
 - A. I did not gain new skills or information from this training
 - B. I have specific plans to use these skills/information
 - C. I do not have specific plans, but I think I will use the information in the future.
 - D. I am not sure that I will be able to use this information.
- 4. Were the facilitator(s) effective in teaching the material?**
 - A. Definitely Yes
 - B. Probably Yes
 - C. Probably No
 - D. Definitely No
- 5. Was the length of the training appropriate?**
 - A. It was too long
 - B. It was about the right length
 - C. It was too short
- 6. Was the training room/facility satisfactory?**
 - A. Definitely Yes
 - B. Probably Yes
 - C. Probably No
 - D. Definitely No
- 7. Would you tell your friends that this was a good class?**
 - A. Definitely Yes
 - B. Probably Yes
 - C. Probably No
 - D. Definitely No



8. What was the **MOST** helpful or interesting part of this class?

9. What was the **LEAST** helpful or interesting part of this class?

10. What should we do to improve this class?

THANK YOU FOR COMPLETING THIS SURVEY!